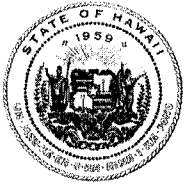


12/16/03



HAWAII STATE ETHICS COMMISSION
 1001 BISHOP STREET, PACIFIC TOWER 970
 P.O. BOX 616, HONOLULU, HAWAII 96809
 TEL: 587-0460 FAX: 587-0470
 email: ethics@hawaiiethics.org

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STATE OF HAWAII
 STATE ETHICS COMMISSION

L61
 HLPAC

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Lardizabal	Alfred	C.	(808) 8415877
MAILING ADDRESS (Street)			FAX
1617 Palama St.			(808) 8477829
(City)	(State)	(Zip Code)	
Honolulu	Hi	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

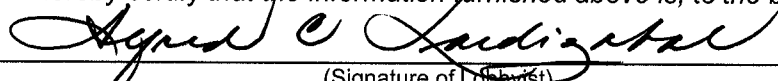
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Laborers' PAC	(808) 8415877
MAILING ADDRESS (Street)	FAX
1617 Palama St.	(808) 8477829
(City)	(State)
Honolulu	Hi
(Zip Code)	
	96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Norman Janiki, Jr.	(808) 8453238
MAILING ADDRESS (Street)	FAX
1617 Palama St.	(808) 8477829
(City)	(State)
Honolulu	Hi
(Zip Code)	
	96817

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input checked="" type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

12/5/02
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Benjamin Saguibo	Business Manager/Secretary-Treasurer

NAME OF ORGANIZATION (if applicable)

Hawaii Laborer's PAC

TELEPHONE

(808) 8415877

MAILING ADDRESS (Street)

1617 Palama St.

FAX

(808) 8477829

(City)

Honolulu

(State)

Hi

(Zip Code)

96817

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

5 December 2002
(Date)